BETHESDA DIERKER OLSON

700 HOFFMANN DRIVE

WATERTOWN 53094 Phone: (920) 26	1-3050	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Oper	ation: 365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/0	3): 216	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	216	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	210	Average Daily Census:	231

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups	ફ ફ		4.3
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	81.0	More Than 4 Years	84.8
Day Services	No	Mental Illness (Org./Psy)		65 - 74	7.6	•	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	6.2		98.1
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	4.8	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0	1		(12/31/03)	
Other Meals	No	Cardiovascular	0.0	65 & Over	19.0		
Transportation	No	Cerebrovascular	0.0			RNs	9.0
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	12.9
Other Services	Yes	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	45.7	Aides, & Orderlies	87.7
Mentally Ill	No			Female	54.3	[
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		edicare itle 18			Medicaid Sitle 19			Other		P	rivate Pay	!		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				210	100.0	166	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	210	100.0
Traumatic Brain In	j O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	_	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		210	100.0		0	0.0		0	0.0		0	0.0		0	0.0		210	100.0

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BETHESDA DIERKER OLSON

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services,	, and Activities as of 12/	31/03
Deaths During Reporting Period	1				% Needing		Total
Percent Admissions from:	i	Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	63.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.4		38.1	59.5	210
Other Nursing Homes	0.0	Dressing	7.1		44.3	48.6	210
Acute Care Hospitals	0.0	Transferring	31.4		34.8	33.8	210
Psych. HospMR/DD Facilities	30.6	Toilet Use	12.4		47.1	40.5	210
Rehabilitation Hospitals	0.0	Eating	41.4		33.8	24.8	210
Other Locations	5.6	*****	*****	*****	*****	******	****
Total Number of Admissions	36	Continence		용	Special Treat	tments	용
Percent Discharges To:	1	Indwelling Or Exter	nal Catheter	1.0	Receiving I	Respiratory Care	3.8
Private Home/No Home Health	45.2	Occ/Freq. Incontine	nt of Bladder	78.1	Receiving !	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	73.8	Receiving S	Suctioning -	5.7
Other Nursing Homes	0.0				Receiving (Ostomy Care	1.4
Acute Care Hospitals	0.0	Mobility			Receiving '	Tube Feeding	9.0
Psych. HospMR/DD Facilities	16.7	Physically Restrain	ed	88.1	Receiving 1	Mechanically Altered Diets	65.2
Rehabilitation Hospitals	2.4						
Other Locations	19.0	Skin Care			Other Resider	nt Characteristics	
Deaths	16.7	With Pressure Sores		1.4	Have Advanc	ce Directives	3.3
Total Number of Discharges	į	With Rashes		4.3	Medications		
(Including Deaths)	42				Receiving 1	Psychoactive Drugs	16.7

	This Facility		PDD Cilities		All ilties
	용	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.9	89.6	1.08	87 . 4	1.11
Current Residents from In-County	5.7	33.5	0.17	76.7	0.07
Admissions from In-County, Still Residing	8.3	11.3	0.74	19.6	0.42
Admissions/Average Daily Census	15.6	21.3	0.73	141.3	0.11
Discharges/Average Daily Census	18.2	25.0	0.73	142.5	0.13
Discharges To Private Residence/Average Daily Census	8.2	11.4	0.72	61.6	0.13
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00
Residents Aged 65 and Older	19.0	15.3	1.24	87.8	0.22
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00
Impaired ADL (Mean) *	61.4	53.1	1.16	49.4	1.24
Psychological Problems	16.7	50.1	0.33	57.4	0.29
Nursing Care Required (Mean)*	11.4	11.0	1.03	7.3	1.55